

REFRESHER COURSE REGISTRATION FORM

NCIC REHABILITATION PROFESSIONAL MANDATORY TRAINING

Please check below the class you wish to attend. Webinar class size limited to 20. RPs out of compliance will be given priority.

_____ Wednesday 2/19/20 **LIVE webinar**
10:00 AM – 12:00 PM.
(Deadline for receipt of fee 2/12/20)

_____ Wednesday 4/8/20 **LIVE webinar**
10:00 AM – 12:00 PM
(Deadline for receipt of fee 4/01/20)

_____ Wednesday 6/10/20 **LIVE webinar**
10:00 AM – 12:00 PM
(Deadline for receipt of fee 6/03/20)

_____ Wednesday 8/19/20 **LIVE webinar**
10:00AM – 12:00PM
(Deadline for receipt of fee 8/12/20)

_____ Wednesday 10/14/20 **LIVE webinar**
10:00 AM – 12:00 PM
(Deadline for receipt of fee 10/07/20)

_____ Wednesday 12/09/20 **LIVE webinar**
10:00 AM – 12:00 PM
(Deadline for receipt of fee 12/02/20)

Cost: \$40 for 2 hours of continuing education credit
towards CCM, CRC, CDMS certifications

Make \$40 check, money order or cashier's check
payable to **NC Industrial Commission Tax ID#**
56-1401519

**Class information and certificate of completion
will not be issued until payment has been
received in full.**

Mail completed form and check to:
NC Industrial Commission
ATTN: Medical Rehab Nurses Section
1236 Mail Service Center
Raleigh, NC 27699-1236
Phone 919-807-2616

*****PLEASE PRINT LEGIBLY*****

NAME: _____

MAILING ADDRESS: _____

_____ **ZIP** _____

EMAIL FOR CLASS INFO: _____

EMPLOYER: _____

PHONE: _____

SUPERVISOR: _____

PHONE/EMAIL: _____ / _____

RN License # and state _____ **Expiration Date** _____

CCM # _____ **Expiration Date** _____

CDMS # _____ **Expiration Date** _____

CRC # _____ **Expiration Date** _____

Other (Specify) _____ **Expiration Date** _____